Michael R. Pence, Governor

R. Scott Waddell, Commissioner

CERTIFICATE OF AUTHORITY REQUEST TO JUNK A VEHICLE WITHOUT A CERTIFICATE OF TITLE APPLICATION CHECKLIST

In accordance with Indiana Code §9-22-5, a person who owns a vehicle that has a title that is faulty, lost, or destroyed or the possessor of an abandoned vehicle, under Indiana Code §9-22-1, may apply to the BMV for authority to sell, give away, or dispose of the vehicle for scrap metal. Requests to junk a vehicle are processed by the Central Office Title Processing Department.

An apı	plicant must submit the following:
	Application for Certificate of Authority – State Form 55018
	Proof of ownership (i.e. current registration, insurance settlement); or
	Abandoned Vehicles – must meet requirements as outlined in Indiana Code §9-22: Proof of delivery of certified letter to the vehicle owner and lienholder (if applicable), including a copy of the letter must be submitted with this application.
	Proof of lien release, if applicable.
	\$4 application fee. Payable by credit card (MasterCard or Visa), check, electronic check, or money order.
owners	MV determines that sufficient credible evidence exists to substantiate the applicant's claim of hip, an approved Certificate of Authority – State Form 55018 will be mailed back to the customer ent to the automobile wrecker or scrap yard when disposing of the vehicle.
	r convenience, the required form is included with this checklist. The form is also available at V.com . Mail the completed documents to:
	Central Office Title Processing 100 North Senate Avenue, Room N411 Indianapolis, IN 46204
below.	Include this checklist on the top of your application with contact information provided If all required documents are not submitted or information is incomplete the entire ation will be returned.
Print N	ame
Phone	Number Email (optional)



CERTIFICATE OF AUTHORITY - DISPOSAL OF A MOTOR VEHICLE

INDIANA BUREAU OF MOTOR VEHICLES State Form 55018 (R / 7-12) **BUREAU OF MOTOR VEHICLES**

100 North Senate Avenue Room N411 Indianapolis, IN 46204

INSTRUCTIONS:

- 1. Complete in blue or black ink or print form. Mail to address indicated above.
- 2. The approved application will be returned to the applicant at the address provided below. Approval is valid for six (6) months from the approval date.

APPLICANT INFORMATION																	
Applicant Name(s) (Last, First, Middle Initial or Company Name)													·				
Mailing Address (number and street)								City			State ZIP Code						
County Telephone Number (er (required)	required) Email Address (optional)									
MOTOR VEHICLE INFORMATION																	
Vehicle Ident	tification Nur	mher														 	
Verliele Ident	uncadori ivai	IIDCI															
Vehicle Year Vehicle Make Vehicle Model Vehicle Type V												Vehicle Cold	'ehicle Color				
Reason for Request: Abandoned Vehicle Certificate of Title is faulty, lost or destroyed																	
Include a detailed statement regarding the reason a certificate of title is unavailable and (if applicable) explain how the vehicle came into your possession. Attach additional sheets if necessary.																	
I swear or affirm that the information I have entered on this form is true and correct. No material fact has been withheld. I understand that making a false statement may constitute the crime of perjury.																	
Signature of Applicant Printed Name										Date Sig	Date Signed (mm/dd/yyyy)						
Signature of Applicant Printe								ame				Date Signed (mm/dd/yyyy)					
							- E	BMV USE	ONLY	-							
The applicant is approved to sell this motor vehicle to a licensed junk dealer or an established automobile wrecker for scrap metal. The licensed junk dealer or established automobile wrecker shall accept this Certificate of Authority in place of a certificate of title to the motor vehicle. BMV SEAL																	
Designee of Indiana Bureau of Motor Vehicles Commissioner Printed Name											Date App	roved (mm/	(dd/yyyy)				
- AUTOMOBILE WRECKER / SCRAP YARD USE ONLY - Complete below and return this form to the BMV after destroying or dismantling the vehicle. Mail to: PO Box 100, Winchester, IN 47394 *After delivery of this Certificate to the BMV, a certificate of title may not be issued for the motor vehicle described above.																	
I hereby certify that this vehicle was destroyed or dismantled and should be recorded as 'JUNK' in BMV records. I swear or affirm under penalty of perjury that this statement is correct. I understand making a false statement may constitute the crime of perjury.																	
Company Na	ame													Dealer Number			
Street Addres	ss (number	and st	reet)					City				St	ate	ZIP Code			
Signature of Representative Printed Name											Date Signed (mm/dd/yyyy)						



Payment Information

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